

LAYOUT \_\_\_\_\_

INSP 1 \_\_\_\_\_ INSP 3 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

ISSUE DATE: 9/8/05

P 523290-D

APPROVAL  
DATE: 6/17/05

**PERMIT**  
**SHARED SEPTIC SYSTEM**  
**INDEXED**

A 515326

**HOUSE SEWER LINE CONNECTION**

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**

NVR, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 6085 Marshalee Drive, Suite 130 PHONE NUMBER: 410-379-5956

SUBDIVISION Homeland LOT NUMBER: 69

ADDRESS: 11985 Windsor Moss PROPERTY OWNER: NVR, Inc.

NUMBER OF BEDROOMS: 2

**HOUSE SERVED BY PUBLIC WATER? YES**

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of the grinder pump, if applicable. The Howard County Bureau of Utilities must be contacted for scheduling of inspection of these items, as well at 410-313-4900.

PLANS APPROVED: Kevin J. Bell DATE: 5/19/05

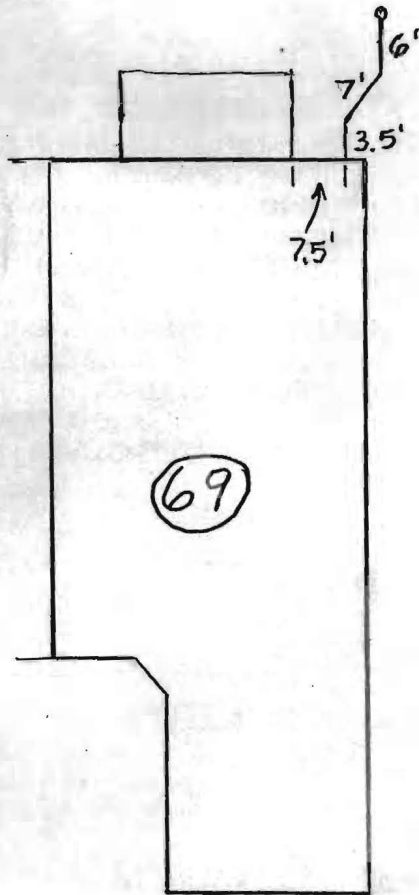
**PERMIT VOID AFTER 2 YEARS**

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

**CALL 410-313-1771 FOR INSPECTION HOUSE CONNECTION**

P523 290-D

NOT TO SCALE



Windsor Moss

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION 6/17/05 Septic connection made. Schedule 40 used. Top of pipe is 3' 10" below top of basement floor.  
 (BB)

FINAL INSPECTOR B. Baber

DATE OF APPROVAL 6/17/05



# HOWARD COUNTY HEALTH DEPARTMENT

PS 23290

DATE  
9 / 8 / 2005

Received From NUR

PHONE # 410-379-5750

6085 Marshalee Rd, Ste 130, Elkridge MD 21075

For Septic Permits

CASH

CHECK

Homelands lots 66 thru 69

on Windsor Mass

NO.

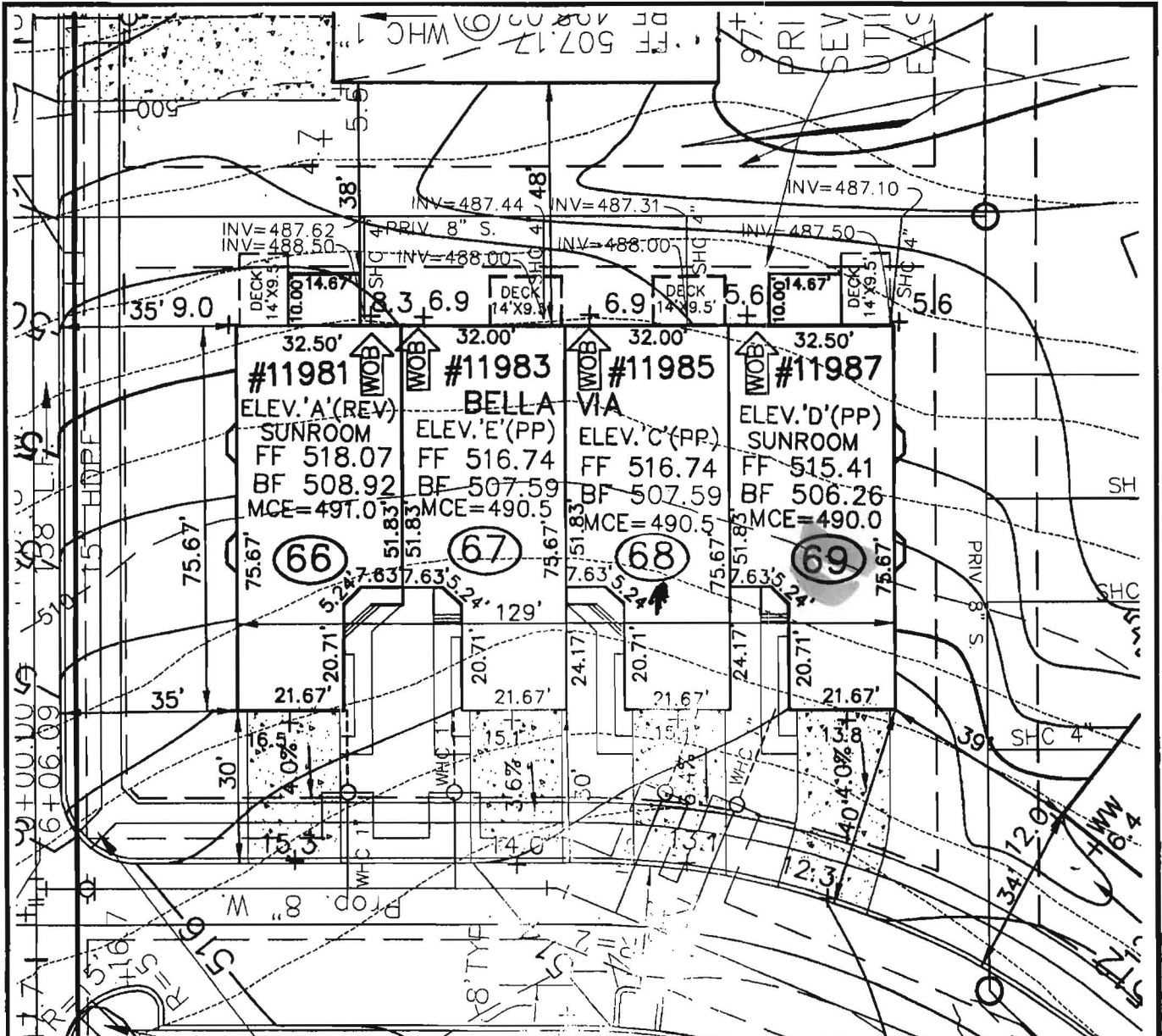
25930<sup>50</sup>

One thousand five hundred eighty-four<sup>00</sup>/100 - Dollars

\$

1584<sup>00</sup>

Received By Mary E. Frey



Approved Septic System Plan  
 Howard County Health Department



**WINDSOR MOSS**  
**ROBERT H. VOGT**  
**ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET  
 ELLICOTT CITY, MD 21043  
 TEL: 410-511-1996  
 FAX: 410-511-1991

*[Signature]*  
 Signature  
 3/19/05  
 Date

SCALE 1"=30'  
 DRAWN BY JCO  
 CHECKED BY RHV  
 DATE MARCH, 2005  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

NEW HOMES  
 ELLICOTT MEADOWS

HOMELAND SDP-63-39  
 TAX MAP 16  
 3RD ELECTIC DISTRICT

UNITS 66-69

PARCEL 53,96,165&204  
 HOWARD COUNTY, MARYLAND

Methods.  
 Operator's Operation and Maintenance Manuals

provide operations and maintenance

and at least 60 days prior to the date set for  
 to the Owner five (5) Operation and  
 and electrical systems and equipment  
 include all installation, operation, start-up and  
 noted in the manuals shall consist of catalogs,  
 files, parts, lists, assembly drawings, wiring  
 and maintenance measures, approved working  
 drawings for the Owner to establish an effective

provided in 3-ring loose-leaf binders and indexed.  
 to above dimensions and placed in envelopes

to assist Operator and/or Owner in understanding the  
 operations of the equipment as well as to  
 ensure safe operation. Technical and maintenance information  
 and electrical components shall be included  
 but not limited to, Operation Responsibilities,  
 Design Criteria, Operational Modifications,  
 Component Equipment O&M, System Equipment  
 and As-Builts.

Approval of the facilities will not be undertaken until  
 all manuals have been submitted. Partial approvals

NH <sub>3</sub> -N	35	mg/L
Alkalinity (as CaCO <sub>3</sub> )	100	mg/L
pH	6.0 - 9.0	S.U.
Water Temperature Min.	15	°C
Water Temperature Max	28	°C
Air Temperature Min.	0	°F
Air Temperature Max	100	°F
Site Elevation	442	ft
<b>Effluent Characteristics</b>		
BOD <sub>5</sub> (20°C)	30	mg/L
Total Suspended Solids	30	mg/L
NH <sub>3</sub> -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
<b>Influent Pumping</b>		
Average design rate in	15.3	gpm
Peak rate in	61.2	gpm @ 4 x Avg.
Pump rate provided	70	gpm 1 pump (28'TDH)

PUBLIC WATER +  
 PRIVATE SHARED SEPTIC  
 SYSTEM

HOME LAND SENIOR CENTER SDP-03-030  
 147 UNITS TOTAL  
 EACH UNIT CAN ONLY  
 BE A TOTAL OF 2 BEDROOMS

Approved Septic System Plan MDE  
 Howard County Health Department

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature Date 9-2-03

*Steven Roger King*  
 Signature Date 9/2/03

*W.*